Bureau of Prisons Health Services Clinical Encounter - Administrative Note

Inmate Name:

WHEELOCK, GUY EDWARD

Date of Birth: Note Date:

07/15/1958

07/29/2015 13:03

Sex: Provider: M Race: WHITE Wingo, Michelle PA-C Reg#: Facility: 17000-041

Unit:

FOR H15

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Wingo, Michelle PA-C

med refill

New Medication Orders:

Rx#

Medication

glipiZIDE Tablet

Order Date

Prescriber Order

07/29/2015 13:03

10 mg Orally - Two Times a Day x 90 day(s) - **replaces

Glyburide**

Indication: Diabetes mellitus, type II (adult-onset)

One Time Dose Given: No

Renew Medication Orders:

Rx#

Medication

Order Date

Prescriber Order

286393-FOX

Ranitidine HCI 300 MG TAB

07/29/2015 13:03

Take one tablet by mouth each

evening x 90 day(s)

Indication: Esophageal reflux

One Time Dose Given: No

285991-FOX

Clopidogrel Bisulfate 75 MG Tab

07/29/2015 13:03

Take one tablet by mouth each

day x 90 day(s)

Indication: Other and unspecified hyperlipidemia, Old myocardial infarction

One Time Dose Given: No

285825-FOX

Metoprolol Tartrate 25 MG Tab

07/29/2015 13:03

Take one-half (1/2) tablet

(12.5mg) by mouth twice daily x

90 day(s)

Indication: Hypertension, Benign Essential

One Time Dose Given: No

Inmate Name:

WHEELOCK, GUY EDWARD

Date of Birth:

07/15/1958

Note Date: 07

07/29/2015 13:03

Sex:

Sex: M Race: WHITE Provider: Wingo, Michelle PA-C

Reg #: Facility:

Unit:

17000-041

FOR H15

Renew Medication Orders:

Rx#

Medication

Order Date

Prescriber Order

285824-FOX

metFORMIN 1000 MG Tab

07/29/2015 13:03

Take one tablet by mouth two

times a day (SCr= 0.88 on 02/19/15), A1C 7.4 x 90 day(s)

Indication: Diabetes mellitus, type II (adult-onset)

One Time Dose Given: No

285822-FOX

Atorvastatin 20 MG TAB

07/29/2015 13:03

Take one tablet by mouth each

Priority

Routine

Priority

Routine

evening x 90 day(s)

Indication: Other and unspecified hyperlipidemia

One Time Dose Given: No

Discontinued Laboratory Requests:

Details

------Chronic Care Clinics-Diabetic-CBC w/diff

Chronic Care Clinics-Diabetic-Comprehensive

Metabolic Profile

Chronic Care Clinics-Diabetic-Lipid Profile

Chronic Care Clinics-Diabetic-Hemoglobin A1C

Chronic Care Clinics-Diabetic-Hepatic Profile

New Laboratory Requests:

Details

Lab Tests - Short List-General-CBC w/diff

Lab Tests - Short List-General-Lipid Profile

Lab Tests - Short List-General-Microalbumin,

urine random

Lab Tests - Short List-General-TSH

Lab Tests - Short List-General-PSA, Total

Lab Tests - Short List-General-Urinalysis (not

POC dipstick)

Labs requested to be reviewed by: Woodard, Sheila S MD

Lab Tests - Short List-General-CBC w/diff

Recurring

Frequency

One Time

Frequency

Recurring

02/28/2016 00:00

Due Date

Due Date

08/28/2015 00:00

12/16/2015 00:00

Routine

Lab Tests - Short List-General-Lipid Profile

Lab Tests - Short List-General-Microalbumin,

urine random

Lab Tests - Short List-General-TSH

Lab Tests - Short List-General-PSA, Total

Lab Tests - Short List-General-Urinalysis (not

POC dipstick)

A1C

Labs requested to be reviewed by: Woodard, Sheila S MD

Lab Tests - Short List-General-Hemoglobin

Recurring

08/28/2015 00:00

Routine

Labs requested to be reviewed by: Woodard, Sheila S MD

Case 2:18-cv-00087-KGB Document 32-1 Filed 12/18/19 Page 3 of 21

Inmate Name: Date of Birth: Note Date:	WHEELOCK, GUY EDWARD 07/15/1958 07/29/2015 13:03	Sex: M Race: Provider: Wingo, Mic	Reg #: WHITE Facility: helle PA-C Unit:	17000-041 FOR H15
A1C	Short List-General-Hemoglobin	Recurring oodard, Sheila S MD	11/28/2015 00:00	Routine
A1C	Short List-General-Hemoglobin	Recurring	02/28/2016 00:00	Routine
Lab Tests - A1C	- Short List-General-Hemoglobin requested to be reviewed by : W	Recurring	05/28/2016 00:00	Routine

Schedule:

Activity Date Scheduled Scheduled Provider
MLP Chronic Care Follow up 11/27/2015 00:00 MLP 01

Chronic Care Visit 05/27/2016 00:00 Physician 01

Copay Required: No. Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Wingo, Michelle PA-C on 07/29/2015 13:12 Requested to be cosigned by Woodard, Sheila S MD. Cosign documentation will be displayed on the following page.

Bureau of Prisons Health Services Cosign/Review

Inmate Name:

WHEELOCK, GUY EDWARD

Date of Birth: Encounter Date: 07/29/2015 13:03

07/15/1958

Sex: Provider: M

Wingo, Michelle PA-C

Reg #:

17000-041

Race: Facility:

WHITE **FOR**

Cosigned by Woodard, Sheila S MD on 07/30/2015 07:40.

Inmate Name:

WHEELOCK, GUY EDWARD

Date of Birth:

07/15/1958

Encounter Date: 08/31/2015 10:56

Sex:

Provider:

Race: WHITE

Reg #:

17000-041

Bowman, Teresa

Facility: Unit:

FOR H15

Admin Note - General Administrative Note encounter at Health Services.

Reason Not Done: No Show

Comments: was no show for lab callout

Cosign Required: No

Completed by Bowman, Teresa Phlebotomist CPT-NHA on 08/31/2015 10:57.



Inmate Name: Date of Birth:

WHEELOCK, GUY EDWARD

07/15/1958

Encounter Date: 09/17/2015 13:41

Sex:

M Race: WHITE Reg #:

17000-041

Provider:

Bowman, Teresa

Facility: Unit:

FOR H15

Admin Note - General Administrative Note encounter at Health Services.

Reason Not Done: No Show

Comments: was no show for lab callout

Cosign Required: No

Completed by Bowman, Teresa Phlebotomist CPT-NHA on 09/17/2015 13:42.

Inmate Name:

WHEELOCK, GUY EDWARD

Date of Birth:

07/15/1958

Encounter Date: 09/22/2015 10:24

Sex: Provider:

Race: WHITE Bowman, Teresa

Reg#: Facility:

Unit:

17000-041

FOR H15

Admin Note - General Administrative Note encounter at Health Services.

Reason Not Done: No Show

Comments: was no show for lab callout

Cosign Required: No

Completed by Bowman, Teresa Phlebotomist CPT-NHA on 09/22/2015 10:25.

Inmate Name:

WHEELOCK, GUY EDWARD

Date of Birth:

07/15/1958

Encounter Date: 09/23/2015 10:49

Sex:

M Race: WHITE Reg #:

17000-041

Provider:

Bowman, Teresa

Facility: Unit:

FOR H15

Admin Note - General Administrative Note encounter at Health Services.

Reason Not Done: No Show

Comments: was no show for lab callout

Cosign Required: No

Completed by Bowman, Teresa Phlebotomist CPT-NHA on 09/23/2015 10:50.

BP-S358,060 SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

9-28-2015 Date

I, GUY WHEELOCK 17000-041, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

cbc w/diff, urinalysis, psa total, tsh, micro urine, lipid, a1c

The following treatment(s) was/were recommended:

lab orders of 8-28-2015 - 2 orders 11-28-2015-1 order 2-28-2015-2 orders 5-28-2015- 1 orders is refusing any and all lab orders

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

delay in diagnosis, treatment, and possible death

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

BOWMAN, TERESA

9-28-2015

Gounseled by

Date

Patient's Signature

DAta

Signature of Witness

Date

FOR--FORREST CITY FCI

EXHIBIT

Solution

Solutio

BP-A0807 SEP 11

INFLUENZA VACCINE CONSENT - INMATES

CDFRM

EXHIBIT

U.S. DE	PARTM	ENT O	FJUSTICE	<u></u>	FEDERAL BU	JREAU OF PRISONS			
(*Note: CD	C Vaccine	Informat	ion Statements in multiple lang	guages available at: www.cdc.					
l have bee to ask que:	n provided stions abo	l a copy o ut the ber	the Vaccine Information State efits and risks of vaccination.	ement* for Influenza Vaccine d	ated	I have had the opportunity			
lcon	sent to re	eceive the	influenza vaccine at this tir	me:		Á			
			ior to Influenza Vaccination (
	<u></u>								
	Yes		Health Questions						
				Are you sick today? (if moderately to severly ill should postpone vaccination)					
			Do you have allergy to eggs?						
	:		Have you ever had serious rea If so, describe:	lave you ever had serious reaction to influenza vaccine? If so, describe:					
			Have you had Guillain-Barré s	yndrome (progressive paralysi	s)?				
	Inmate	Signatur	B	Witness Signature		Date			
					- 1 1 				
I decl			nfluenza vaccine at this time	tion of the second of the seco	2118	*			
	Inmate	Signatur		Witness Signature		Date			
		Y-W	VIMU	S. Phillips, RN FCC Forrest C	, IDC/IOP ty, AR	L 1908711			
amë Gl	JY WHEE	LOCK							
eg. # 17	000-041			SSN	Surgence of the African Africa				
stitution FC	XFORR	EST CITY	FCC						
						<u> </u>			

Prescribed By P6190

BP-S358.060 SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

4-1-2016 Date

J, GUY WHEELOCK 17000-041 , refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

Diabetes and high cholesterol

The following treatment(s) was/were recommended:

Routine Middle Level Provider Follow-up

FOR ALL TIME

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

Continuation and or worsening of medical conditions leading to possible death.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

KRUGER, MICHAEL R. AHSA 4-1-2016

Counseled by

Signature of Witness

FOR--FORREST CITY FCI

BP-S358.060)
SEP 05	

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

	8-8-2016
	Date
I, GUY WHEELOCK 17000-041, refuse treatment recomn Bureau of Prisons Medical staff for the following condition(s):	nended by the Federal
bureday of the the following condition(s):	e c 57 4 4
DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:	
cbcw/diff, cmp, a1c, micro urine, lipid	
The following treatment(s) was/were recommended:	2. 4. 9.
cbcw/diff, cmp, a1c, micro urine, lipid	
	æ
F	·/A
#	# # # # # # # # # # # # # # # # # # #
Federal Bureau of Prisons Medical staff members have carefully explained to no possible consequences and/or complications may result because of my refusa	ne that the following I to accept treatment:
delay in diagnosis, treatment, possible death	
I understand the possible consequences and/or complications, listed above, ar recommended treatment. I hereby assume all responsibility for my physical an release the Bureau of Prisons and its employees from any and all liability for reexpressed wishes and directions.	d/or mental condition, and
h Alla	Sul Tolati
BOWMAN, D. CMA 8-8-2016 Counseled by Date Patient's Signature	Date
	, 1 (1) -

Signature of Witness

Date

FOR-FORREST CITY FCI

Inmate Name:

WHEELOCK, GUY EDWARD

Date of Birth:

07/15/1958

Encounter Date: 08/26/2016 13:34

Sex: Provider: M Race: WHITE Waits, Annette LPN

Reg#:

17000-041

Facility: Unit:

FOR H15

Admin Note - General Administrative Note encounter at Health Services.

Reason Not Done: No Show

Comments: Inmate was a No Show for M D CCC callout today at 1200.

Cosign Required: No

Completed by Waits, Annette LPN on 08/26/2016 13:35.

BP-A0807 SEP 11

INFLUENZA VACCINE CONSENT - INMATES

CDFRM

te: CDC Vaccine Information Statements in multiple languages available at www.cdc.gov/vaccines/pubsivis/) re been provided a copy of the Vaccine Information Statement* for Influenza Vaccine dated I have had the opportunity it questions about the benefits and risks of vaccination. I consent to receive the influenza vaccine at this time Health Questions Prior to Influenza Vaccination (Check Yes or No) Yes No Health Questions Are you sick today? (if moderately to severly ill should postpone vaccination) Do you have allergy to eggs? Have you ever had serious reaction to influenza vaccine? If so, describe: Have you had Guillain-Barré syndrome (progressive paralysis)? Inmate Signature Witness Signature Date Accine to refere the Antituefiza faccine at this time. Witness Signature Date S. Phillips, RN, IDC/IOP FCC Forrost City, AR GUY WHEELOCK GUY WHEELOCK FOX—FORREST CITY FCC Prescribed By P6190	. UI	A SANNER DE LA COMPANIA					The first of the f
I consent to receive the influenza vaccine at this time Health Questions Prior to Influenza Vaccination (Check Yes or No) Yes No Health Questions Are you sick today? (if moderately to severly ill should postpone vaccination) Do you have allergy to eggs? Have you ever had serious reaction to Influenza vaccine? If ao, describe: Have you had Guillain-Barré syndrome (progressive paralysis)? Inmate Signature Witness Signature Date S. Phillips, RN, IDC/IOP FCC Forrest City, AR GUY WHEELOCK # 17000-041 Jilion FOX-FORREST CITY FCC	e: C	DC Vaccin	e Inform	ation Statements in mu	ultiple languages	available at: www.cdc.gov/vaccir	nes/pubs/vis/}
Health Questions Prior to Influenza Vaccination (Check Yes or No) Yes No Health Questions Are you sick today? (if moderately to severly ill should postpone vaccination) Do you have salergy to eggs? Have you ever had serious reaction to influenza vaccine? If so, describe: Have you had Guillain-Barré syndrome (progressive paralysis)? Inmate Signature Witness Signature Date S. Phillips, RN, IDC/IOP FCC Porrest City, AR GUY WHEELOCK GUY WHEELOCK 17000-041 Julion FOX-FORREST CITY FCC	e be k qu	en provided estions abo	d a copy out the b	of the Vaccine Informa enefits and risks of vac	ation Statement* ccination.	for Influenza Vaccine dated	I have had the opportuni
Yes No Health Questions Are you sick today? (if moderately to severty ill should postpone vaccination) Do you have allergy to eggs? Have you ever had serious reaction to influenza vaccine? If so, describe; Have you had Guillain-Barré syndrome (progressive paralysis)? Immate Signature Witness Signature Date Witness Signature S. Fhillips, RN, IDC/IOP FCC Porrost City, AR Witness City, AR Witness City, AR SSN Troughout Witness Signature SSN Troughout Witness Signature Date Witness Sig	Loc	onsent to r	eceive (he influenza vaccine	at this time	· ·	
Are you sick today? (if moderately to severly ill should postpone vaccination) Do you have allergy to eggs? Have you ever had serious reaction to influenza vaccine? If so, describe: Have you had Guillain-Barré syndrome (progressive paralysis)? Immate Signature Witness Signature Date Witness Signature Date Witness Signature Date FCC Forrest City, AR GUY WHEELOCK SSN 17000-041 Union FOX-FORREST CITY FCC	ŀ	Health Que	stions l	Prior to Influenza Vac	cination (Checi	(Yes or No)	â
Do you have allergy to eggs? Have you ever had serious reaction to influenza vaccine? If so, describe: Have you had Guillain-Barré syndrome (progressive paralysis)? Inmate Signature Witness Signature Date Witness Signature Witness Signature Date		Yes	No	Health Questions			
Have you ever had serious reaction to influenza vaccine? If so, describe: Have you had Guillain-Barré syndrome (progressive paralysis)? Inmate Signature Witness Signature Date Date Inmate Signature Date S. Phillips, RN, IDC/IOP PCC Forrest City, AR GUY WHEELOCK # 17000-041 Ultion FOX-FORREST CITY FCC				Are you sick today?	(if moderately to	severly ill should postpone vacci	nation)
If so, describe: Have you had Guillain-Barré syndrome (progressive paralysis)? Inmate Signature Witness Signature Date Inmate Signature Witness Signature Witness Signature Date Inmate Signature October 1988 S. Phillips, RN, IDC/IOP PCC Forrest City, AR GUY WHEELOCK # 17000-041 Ultion FOX—FORREST CITY FCC				Do you have allergy	to eggs?		*
Inmate Signature Witness Signature					serious reaction	io influenza vaccine?	
decline to referive the influenza facoine at this time Immarie Stanature				Have you had Guilla	in-Barré syndror	ne (progressive paralysis)?	
Witness Signature Date		Inmate	e Signa	ture	Witr	ness Signature	Date
Witness Signature Date		<u> </u>		againment of the state of the s	<u> </u>		
GUY WHEELOCK # SSN 17000-041 ution FOX—FORREST CITY FCC	de	ecline to re	ceive ti	ne influeriza facolne a	at this time	>	
GUY WHEELOCK # SSN 17000-041 ution FOX—FORREST CITY FCC	de	1	41	MANUANI		iess Signature	Date
GUY WHEELOCK # SSN 17000-041 ution FOX—FORREST CITY FCC	de	1	41	MANUANI		ness Signature	Date ///23//4
GUY WHEELOCK # SSN 17000-041 ution FOX-FORREST CITY FCC	/de	1	41	MANUANI	Wite	thus -	Date ///23/14
GUY WHEELOCK # SSN 17000-041 ution FOX-FORREST CITY FCC	/ de	1	41	MANUANI	With	Phillips, RN, IDC/IOP	Date ///23/14
GUY WHEELOCK # SSN 17000-041 ution FOX—FORREST CITY FCC		Inmate	Spinal	MANUM	With	Phillips, RN, IDC/IOP	Date ///23/14
GUY WHEELOCK # SSN 17000-041 ution FOX—FORREST CITY FCC		Inmate	Spinal	MANUM	With	Phillips, RN, IDC/IOP	Date ///23/14
GUY WHEELOCK # SSN 17000-041 ution FOX—FORREST CITY FCC		Inmate	Spinal	MANUM	With	Phillips, RN, IDC/IOP	Date ///23///
GUY WHEELOCK # SSN 17000-041 ution FOX—FORREST CITY FCC		Inmate	Spinal	MANUM	With	Phillips, RN, IDC/IOP	Date ///23/14
GUY WHEELOCK # SSN 17000-041 ution FOX—FORREST CITY FCC		Inmate	Spinal	MANUM	With	Phillips, RN, IDC/IOP	Date ///23/14
# SSN 17000-041 ution FOX—FORREST CITY FCC		Inmate	Spinal	MANUM	With	Phillips, RN, IDC/IOP	Date ///23//4
17000-041 ution FOX—FORREST CITY FCC		Inmate	Sanar Le	Sylved M.	With	Phillips, RN, IDC/IOP	Date ///23/14
FOX—FORREST CITY FCC		Inmate	Sanar Le	Sylved M.	With	Phillips, RN, IDC/IOP CC Forrest City, AR	Date ///23/14
	#.	Inmate	Sanar Le	Sylved M.	With	Phillips, RN, IDC/IOP CC Forrest City, AR	Date ///23//4
Prescribed By P6190	#	GUY WHE	ELOCK	W.S.	With	Phillips, RN, IDC/IOP CC Forrest City, AR	Date ///23//4
	#	GUY WHE	ELOCK	W.S.	With	Phillips, RN, IDC/IOP CC Forrest City, AR	Date ///23//4

BP-S358.060 SEP **05**

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

11-29-2016 Date

I, GUY WHEELOCK	17000-041	, refuse treatment recommended b	y the Federal
Bureau of Prisons Medical staff	for the following con	ndition(s):	-

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

Patient is a Type 2 DM who is not interested in taking any of his medications.

The following treatment(s) was/were recommended:

Metformin Glyburide.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

I explained the Risk Factors associated with Non-Complaince with his Diabetic medications and he fully understand.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

WOODARD, SHEILA S MD 11-29-2016
Counseled by Date

Patient's Signature

Date

Signature of Witness

Date

FOR-FORREST CITY FO

Inmate Name: WHEELOCK, GUY EDWARD

Date of Birth: 07/15/1958

Encounter Date: 03/29/2017 10:15

M Race: WHITE

Sex: Provider: Woodard, Sheila S MD Reg #:

17000-041

Facility: FOR H15 Unit:

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1

Provider: Woodard, Sheila S MD

Chief Complaint: GENERAL

Subjective:

Chronic Care visit for this patient who

IS NOT INTERESTED IN ANY MEDICAL CARE

WHATSOEVER!!!!. States " he wants to wait until his medical conditions Decline to a Care Level 4 so that he may be transferred

to Rochester, Mn. so that he can be close to his family". Patient has signed to Medical Refusal Forms ON 11/29/2016

and February 8, 2017.

Pain:

No

Seen for clinic(s): Diabetes, Endocrine/Lipid

Removed from clinic(s): Diabetes, Endocrine/Lipid

OBJECTIVE:

ASSESSMENT:

Diabetes mellitus, type II (adult-onset), 250.00 - Current

Esophageal reflux, 530.81 - Current

Hypertension, Benign Essential, 401.1 - Current

Other and unspecified hyperlipidemia, 272.4 - Current

Polyneuropathy in diabetes, 357.2 - Current

PLAN:

Disposition:

Return Immediately if Condition Worsens

Other:

Patient refuses to have any of his vital signs taken; labs drawn or any examination performed.

Patient Education Topics:

Date Initiated Format 03/29/2017

Counseling

Handout/Topic Access to Care

Provider

Woodard, Sheila

<u>Outcome</u> Verbalizes Understanding

Case 2:18-cv-00087-KGB Document 32-1 Filed 12/18/19 Page 17 of 21

Inmate Name: WHEELOCK, GUY EDWARD

Date of Birth: 07/15/1958

Encounter Date: 03/29/2017 10:15

Sex: M Race: WHITE Provider: Woodard, Sheila S MD Reg #: 17000-041

Facility: FOR Unit: H15

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Woodard, Shella S MD on 03/29/2017 12:10

Inmate Name:

WHEELOCK, GUY EDWARD

Date of Birth:

07/15/1958

Encounter Date: 06/21/2017 11:04

Sex:

M Race: WHITE Reg #:

17000-041

Provider:

Bowman, D. CMA

Facility: Unit:

FOR H15

Admin Note - General Administrative Note encounter at Health Services.

Reason Not Done: No Show

Comments: has no showed lab callout several times for month of June 2017

Cosign Required: No

Completed by Bowman, D. CMA on 06/21/2017 11:53.



Inmate Name:

WHEELOCK, GUY EDWARD

Date of Birth:

07/15/1958

Sex:

Reg #:

17000-041

Encounter Date: 06/22/2017 12:35

Provider:

Race: WHITE Bowman, D. CMA

Facility: Unit:

FOR H15

Admin Note - General Administrative Note encounter at Health Services.

Reason Not Done: Refused

Comments: after several no shows for lab call out I contacted unit mger for I/M to be sent over he refused lab and refused to

sign lab refusal form witnessed by Phillips, S., IOP/RN

Cosign Required: No

Completed by Bowman, D. CMA on 06/22/2017 12:37.

BP-S358.060 SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

		•		<u>2-2017</u> ate
i, <u>GUY WHEELOCK</u> Bureau of Prisons Medical staff for	17000-041 , r the following condi	efuse treatment red tion(s):	commended by th	ne Federal
DESCRIBE CONDITION IN LAYMAN	'S TERMINOLOGY:			
fecal occult stool test				
	F			
The following treatment(s) was/were	e recommended:			
fecal occult stool test				
Federal Bureau of Prisons Medical spossible consequences and/or com	staff members have plications may res	carefully explaine ult because of my r	d to me that the for efusal to accept t	ollowing reatment:
delay in diagnosis, treatment, possible	death			
			i.	
				y.
I understand the possible consequence recommended treatment. I hereby release the Bureau of Prisons and i expressed wishes and directions.	assume all respons	ibility for my physi	cal and/or mental	condition, and
BOWMAN, D. CMA 6-22 Counseled by	2-2017 Date	Patient's Sig	Achised Finature	o Sich Bate 6-22-1
CA A CONTRA				

FOR--FORREST CITY FCI

Bureau of Prisons Health Services Clinical Encounter - Administrative Note

Inmate Name:

WHEELOCK, GUY EDWARD

Reg#:

17000-041

Date of Birth: Note Date: 07/15/1958

02/12/2018 08:50

Sex: Provider: M Race: WHITE Cook, Kathy RN/IDC/IOP

Facility:

FOR H15

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Cook, Kathy RN/IDC/IOP

Category 3 for offering the influenza vaccine. This patient was placed on callout for an influenza vaccine today. Patient reported to the IOP office and was very upset because he was on callout. Patient stated he was being harassed due to being on callout and stated the he had already requested not to ever be called over or placed on callout for medical. Patient states this will be added to his law suit. I attempted to explain to him the process of the annual influenza vaccine clinics and offering to the chronic care clinics and persons over 50 years of age. Patient became upset and said he was being discriminated against due to his age. Patient said he was not signing a refusal form and was not taking a vaccine. Patient left my office upset. This encounter was witnessed by another nurse.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Cook, Kathy RN/IDC/IOP on 02/12/2018 08:57